

TEXAS DEPARTMENT OF HEALTH BUREAU OF RADIATION CONTROL
APPLICATION FOR ACKNOWLEDGEMENT TO USE THE GENERAL LICENSE
FOR *IN VITRO* CLINICAL OR LABORATORY TESTING

Instructions -- Complete **ALL ITEMS** of the application. Mail original(s) to the Texas Department of Health, Bureau of Radiation Control, 1100 West 49th Street, Austin, Texas 78756-3189. Retain a copy for your files. Upon approval of the application, the applicant will receive a General License Acknowledgement (GLA), issued in accordance with the provisions of the Texas Regulations for Control of Radiation and the Texas Radiation Control Act. **Enclose a check or money order for \$110.00, payable to the Texas Department of Health with the new GLA Application only.**

1. Name and Mailing Address of Applicant: 	2. Physical address where radioactive material will be used:
3. Contact Person:	4. Telephone No.:
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>5. This application is for:</p><div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> New GLA (Attach appropriate fee)</div><div><input type="checkbox"/> Renewal of GLA No. _____</div><div><input type="checkbox"/> Amendment of GLA No. _____</div></div></div><div style="width: 48%;"><p>If this is an amendment request, check the appropriate box below:</p><div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Name Change <input type="checkbox"/> Other _____</div><div><input type="checkbox"/> Address Change _____</div><div><input type="checkbox"/> CP Change _____</div><div><input type="checkbox"/> Change in Radioisotopes</div></div></div></div> <p style="margin-top: 10px;">Will you be using mock iodine-125 reference or calibration sources? Yes _____ No _____</p>	
6. Specify the radioisotopes that will be used and provide a brief description of their use:*	
<p>7. CERTIFICATION</p> <p>Application is hereby submitted for an acknowledgement to receive, acquire, possess, use or transfer radioactive material pursuant to the General License specified in <u>Texas Regulations for Control of Radiation</u> 40.61(b)(1) for the purpose of <i>in vitro</i> clinical laboratory testing. Concerning the use of radioactive material under this General License, I hereby certify that we, the applicant, have appropriate radiation measuring instruments to carry out <i>in vitro</i> clinical or laboratory test with radioactive material as authorized under the General License specified in TRCR 40.61(b)(1), and that such test will be performed only by personnel</p> <div style="display: flex; justify-content: space-between; margin-top: 40px;"><div style="width: 33%;"><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/><div>Signature of Applicant or Representative</div></div><div style="width: 33%;"><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/><div>Date</div></div><div style="width: 33%;"><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/><div>Typed or Printed Name</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 33%;"><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/><div>Signature of Contact Person</div></div><div style="width: 33%;"><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/><div>Date</div></div><div style="width: 33%;"><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/><div>Typed or Printed Name</div></div></div>	

*If additional space is needed, use back of form.